

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6		3					56						
7	1		1				57						
8							58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14	1		1				64						
15		1					65						
16		2					66						
17			1				67						
18							68						
19							69						
20							70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		4					TOTAL IND.						
TOTAL DEP.		18					TOTAL DEP.						
TOTAL CLAIMS		22					TOTAL CLAIMS						